TOWNSEND and TOWNSEND
Steuart Street Tower
One Market Plaza
San Francisco, CA 94105
(415) 543-9600

In re application of Higushi, et al.

Serial No. 07/695,201

Filed May 2, 1991

Group Art Unit 1814

For   HOMOGENEOUS METHODS FOR NUCLEIC ACID
AMPLIFICATION AND DETECTION

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Atty. Docket No. 15422-70

Date September 9, 1992

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D. C. 20231.

Date: September 9, 1992

Jo Ann Dallara

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Transmitted herewith is an amendment in the above-identified application.

[x] Enclosed is a petition to extend time to respond. (3 month)
[ ] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
[ ] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
[X] An Information Disclosure Statement and form PTO-1449 w/ Refs. AA-AC are enclosed.
The filing fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY RATE	SMALL ENTITY ADDIT. FEE	OR	OTHER THAN A SMALL ENTITY RATE	OTHER THAN A SMALL ENTITY ADDIT. FEE
TOTAL	•	MINUS	••	=	x10=	$		x20=	$
INDEP.	•	MINUS	•••	=	x36=	$		x72=	$
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+110=	$		+220=	$
					TOTAL ADDIT. FEE	$	OR	TOTAL	$

•   If the in Col. 1 is less than the entry in Col. 2,
     write "0" in Col. 3.

••   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

••• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
     The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[x] No fee is due.

Please charge my Deposit Account No. 20-1430 as follows:

[ ]   Claims fee $_____
[X]   Any additional fees associated with this paper

Two copies of this sheet are enclosed.

TOWNSEND & TOWNSEND

Kenneth A. Weber
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APPLI2.TRN (PS/DOCS/2523) 1/92